

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		08-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.T.d	640	9-28-01
RESPONSE FORMALITY REVIEW	H.S	866	11-14-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
10	7/12/01
11	7/12/01
12	7/12/01
13	7/12/01
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50	7/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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